
State: District of Columbia **Filing Company:** Westport Insurance Corporation
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability
Product Name: Open Brokerage Coverage Unit for Professionals
Project Name/Number: Oct 2016 Forms Revision (OB)/DC-16-14810

Filing at a Glance

Company: Westport Insurance Corporation
Product Name: Open Brokerage Coverage Unit for Professionals
State: District of Columbia
TOI: 17.2 Other Liability-Claims Made Only
Sub-TOI: 17.2019 Professional Errors and Omissions Liability
Filing Type: Form
Date Submitted: 11/10/2016
SERFF Tr Num: SWRE-130802683
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: DC-16-14810

Effective Date 07/01/2017
Requested (New):
Effective Date 07/01/2017
Requested (Renewal):
Author(s): Cindy Knoll
Reviewer(s): Angela King (primary)
Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

State:	District of Columbia	Filing Company:	Westport Insurance Corporation
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability		
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General Information

Project Name: Oct 2016 Forms Revision (OB)	Status of Filing in Domicile: Pending
Project Number: DC-16-14810	Domicile Status Comments: All states filed concurenly
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/14/2016	
State Status Changed:	Deemer Date:
Created By: Cindy Knoll	Submitted By: Cindy Knoll
Corresponding Filing Tracking Number:	

Filing Description:

We are filing the attached forms revision for our Open Brokerage Coverage Unit for Professionals Program. Changes to existing forms are mainly clerical and clarifying in nature. Attached are side x side comparisons as well as summary document showing the changes for all forms. We are also introducing 1 new optional endorsement for this program.

We respectfully request an effective date of July 1, 2017.

Company and Contact

Filing Contact Information

Cindy Knoll, Compliance Specialist	Cindy_Knoll@swissre.com
5200 Metcalf	913-248-1579 [Phone]
Overland Park, KS 66201	

Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: District of Columbia**Filing Company:**

Westport Insurance Corporation

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability**Product Name:** Open Brokerage Coverage Unit for Professionals**Project Name/Number:** Oct 2016 Forms Revision (OB)/DC-16-14810

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Professional Services Exclusion	SP 000 240	1016	END	Replaced	Previous Filing Number:	ERCB-126970113	0.000	SP 000 240 1016.pdf
							Replaced Form Number:	SP 000 240 0610		
2		Line of Business Exclusion Endorsement	SP 5 037	1016	END	Replaced	Previous Filing Number:	ERCB-126970113	0.000	SP 5 037 1016.pdf
							Replaced Form Number:	SP 5 037 0610		
3		Additional Insured Endorsement	SP 12 824 1016	1016	END	New			0.000	SP 12 824 1016.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

Westport Insurance Corporation

PROFESSIONAL SERVICES EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Section V. EXCLUSIONS is amended to add the following exclusion:

PROFESSIONAL SERVICES. WRONGFUL ACTS arising out of services provided as a(n)
_____.

☐ prior to _____.

☐ subsequent to _____.

☐ exclusion applies regardless of when the WRONGFUL ACT took place.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective
Named Insured

Policy No.

WESTPORT INSURANCE CORPORATION

Countersigned.

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inserted*

Authorized Representative

President

Secretary

Westport Insurance Corporation

LINE OF BUSINESS EXCLUSION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Section V. EXCLUSIONS is amended to add the following exclusion:

LINES OF BUSINESS. The solicitation, issuance, processing or handling of any policy (including applications and claims) that provides insurance coverage arising out of the line of insurance or business class shown below.

- ☐ Aviation
- ☐ Crop
- ☐ Flood
- ☐ Insurance Placed with Surplus Lines insurance companies
- ☐ Life, Annuity, Accident and Health
- ☐ Livestock Mortality
- ☐ Long-Haul Trucking
- ☐ Medical Malpractice
- ☐ Petroleum Business Classes
- ☐ Surety Bonds
- ☐ Wet Marine
- ☐ Other: _____

☐ if the WRONGFUL ACT was prior to _____.

☐ if the WRONGFUL ACT was subsequent to _____.

☐ exclusion applies regardless of when the WRONGFUL ACT took place.

ACCEPTED:

Name: _____
(Authorized Representative of the First Named Insured)

By: _____ Date: _____
Title: _____

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective
Named Insured

Policy No.

WESTPORT INSURANCE CORPORATION

Countersigned.

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here*

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here*

Authorized Representative

President

Secretary

Westport Insurance Corporation

ADDITIONAL INSURED(S)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Section IV. DEFINITIONS AND EXPLANATIONS OF TERMS, I. INSURED is amended to include the following:

The individual(s) and/or entity(ies) listed below and their employees, if any, is/are additional INSURED(s) under this POLICY, but only as respects PROFESSIONAL SERVICES or OTHER RELATED SERVICES rendered or that should have been rendered on behalf of the NAMED INSURED:

for WRONGFUL ACTS committed:

- ☐ prior to _____.
- ☐ subsequent to _____.
- ☐ full prior acts
- _____

for WRONGFUL ACTS committed:

- ☐ prior to _____.
- ☐ subsequent to _____.
- ☐ full prior acts
- _____

for WRONGFUL ACTS committed:

- ☐ prior to _____.
- ☐ subsequent to _____.
- ☐ full prior acts

All other terms and conditions of this policy shall remain unchanged.

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Authorized Representative President

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Secretary

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Side x Side Comparisons
Comments:	
Attachment(s):	SP 000 240 Side x Side.pdf SP 5 037 Side x Side.pdf
Item Status:	
Status Date:	

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Section V. EXCLUSIONS is amended to add the following exclusion:

PROFESSIONAL SERVICES WRONGFUL ACTS arising out of services provided as a(n)

☐ prior to

☐ subsequent to

☐ exclusion applies regardless of when the WRONGFUL ACT took place.

Deleted: This POLICY does not apply

Deleted: DAMAGES or CLAIM EXPENSES against any INSURED for

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All other terms and conditions of this policy shall remain unchanged.
This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.
(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective
Named Insured

Policy No.

WESTPORT INSURANCE CORPORATION

Countersigned.

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inserted*

Authorized Representative

President

Secretary

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Westport Insurance Corporation

LINE OF BUSINESS EXCLUSION ENDORSEMENT

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- ☐ Long-Haul Trucking
- ☐ Medical Malpractice
- ☐ Petroleum Business Classes
- ☐ Surety Bonds
- ☐ Wet Marine
- ☐ Other

☐ if the WRONGFUL ACT was prior to

☐ if the WRONGFUL ACT was subsequent to

☐ exclusion applies regardless of when the WRONGFUL ACT took place.

ACCEPTED:

Name: _____
(Authorized Representative of the First Named Insured)

By: _____ Date: _____
Title: _____

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Endorsement Effective

Policy No.

Named Insured

WESTPORT INSURANCE CORPORATION

Countersigned.

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here

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here

Authorized Representative

President

Secretary

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Endorsement RETROACTIVE DATE: . . .

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